

NAME  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Ingeltrud Rees*

Died at *Lagerstown* Town *Washington* County **MARYLAND**

DATE *1883* Month *Sept* Day *9* Years *69* Months *—* Days *8*  
of death *19* AGE

Sex *male* Color or Race *Colored* Birthplace *Maryland*

Occupation *labour* Where Residing if not at place of death

Married, ~~Single~~ *married* Name of Wife or ~~Husband~~ *Cornelia Rees*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving Information *Mary Jane Sumners* How related to deceased *daughter*

CAUSES OF DEATH

Primary How long

Immediate *Heart trouble* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Beth Sharewood

Name in Full

Certificate of Death

Mary Kelly

Town

County

Died at

Port Deposit

Cecil

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 8

Age

38

Md

~~Male~~~~White~~

white

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

~~146~~  
167

Cause of

Primary

Effect of Burn of Abdomen

How long sick

Death

Immediate

Accident, ~~Swindle~~, ~~Homicide~~

Reported by

H E Clemson

Md

Address

Port Deposit Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

Annie E. Tennard

Died at

Date 19

~~Male~~

Female

Husband of  
Child of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Divorced~~~~White~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

MARYLAND

Galena Kent  
9 11 10-11

Med.

Mother's

Maiden Name

145a

Cause of Death { Primary Gun shot Wound of  
 Immediate Age over 40 years pulmonary  
 How long sick 20 minutes  
 Accident, Suicide, Homicide

Dr. J. H. Latimer

176

Galena Med.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine Kessler

Town

County

Died at

Memoria,

Frederick

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

4

24

Age

76.

Huckle

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Ben Kessler

Wife

Father's

Name

Jacob Cronin.

Mother's

Name

Cause of

Primary

Paralysis.

Death

Immediate

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Dr J W Downey

Address

New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988





Name in Full

Certificate of Death

Died at *Delight* Town *Delight* County *Baltimore* MARYLAND

Date 189 *Month 6 Day 17* Y. *63* M. *63* D. *63* Native of *Baltimore* Occupation *Blacksmith*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *Two*

~~Husband~~ of *Josephine Ritter*

Father's Name *Josephine Ritter* Mother's Name *Josephine Ritter*

Cause of Death { Primary *Insolence* 5-2  
Immediate *Heart Failure*

How long sick *about 2 months*

Accident, Suicide, Homicide

Reported by *W. H. Campbell M. D.*

Address *Cummings Mills Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063

E. D. Selby Underwriter  
Rustington

Name in Full

Certificate of Death

Ada May Krettschmar

Town

County

Died at

Fayetteville Prince Georges Co.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

June 6 Age 10 yrs

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living none

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Krettschmar daughter

William

Don't know

Death

Immediate

Inflammation of the bowels

Don't know

How long sick

Accident, Suicide, Homicide

Reported by

F. L. Asper

Under taker

Address

under taker

Bladenburg over Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8568

Attending physician was Dr. <sup>Nov 14</sup> <sup>Dee</sup> <sup>William</sup> Richardson  
of Lyattsville, Md.

Information contained in this certificate was  
received from S. Gasch Undertaker  
of Bladensburg